

TIME AND ATTENDANCE





ORGANIZATION RESPONSIBILITIES

- **Ensure timekeepers and time and attendance certifiers have been properly trained.**
- **All supporting documentation is available for audit purposes.**
- **Ensure timekeepers and time and attendance certifiers make every effort to correct errors prior to electronic certification.**



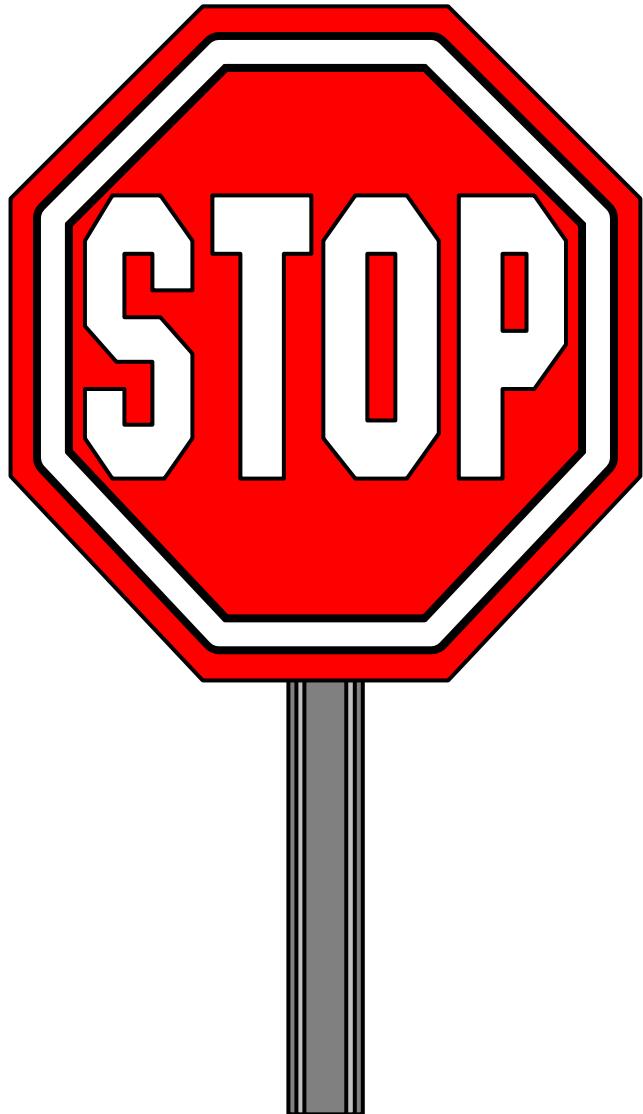
SUPERVISOR'S RESPONSIBILITIES

- **Timely and accurate preparation, certification, and submission of time and attendance (T&A).**
- **May assign checking of daily attendance and posting of T&A to a timekeeper (and alternate).**
- **Assignment of these duties does not relieve the supervisor of the responsibility for the accuracy of the time and attendance to which he or she certifies.**
- **Spot checks attendance by personal observation.**
- **Should inform the timekeeper when an employee is on leave and type of leave and/or if they have worked any credit hours, comp time, etc.**



TIMEKEEPER RESPONSIBILITIES

- **Record all exceptions to the employee's attendance and leave on a daily basis**
- **Ensure employees either initial the T&A input document or sign an OPM 71 "Application for Leave"**
- **Ensure all postings for overtime, credit hours or compensatory time earned have been approved.**
- **Record time and attendance in blue or black indelible ink.**
- **If employee is unavailable when timecards are turned in, they should turn in a OPM 71 upon returning to work.**



DON'T

- Use pencil
- Use erasable ink
- Red ink
- Whiteout
- Erase mistakes
- Use felt tip pens
- Scribble out mistakes



CORRECTIONS

Correct errors on timecards **BY DRAWING A SINGLE LINE** through the incorrect entry and posting the correct data.

- **ALL** corrections will be initiated by the **SUPERVISOR** or other **DESIGNATED** representative authorized to act as an **ALTERNATE CERTIFIER** at the end of the pay period.

ITEMS TO LOOK FOR BEFORE YOU SIGN

- Employee's **INITIALS** OR OPM 71 ATTACHED - Corrections ARE INITIALED
- Correct amount of hours charged.
- Correct Leave category charged.
- If credit hours are earned - insure copy of approval is attached to time card
- If comp time/overtime is worked - approval document is attached to timecard.

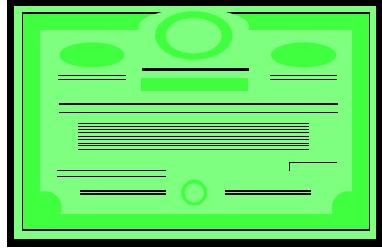




CONFIRMATION OF LEAVE

- Employees must officially confirm each leave charge, except for administrative leave, AWOL charges, suspension or holiday absences.
- All leave types are charged to the employee either by whole days, whole hours or fractional hours.

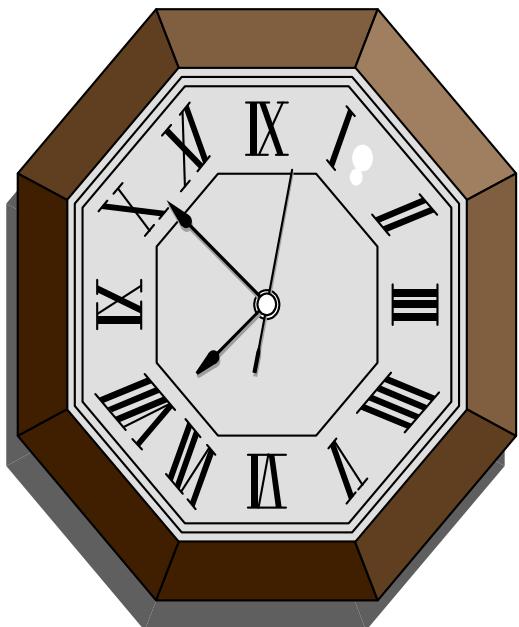
NOTE: Must be charged in whole hours for NAIL Bargaining Unit Employees.



TIME AND ATTENDANCE CERTIFICATION

- **Each employee's time and attendance report shall be certified by the employee's supervisor, or other designated representative authorized to act as an alternate certifier at the end of the pay period.**
- **Certification shall not ordinarily be made earlier than the last workday of a pay period.**
- **However, if required by DFAS, anticipated leave shall be requested on an OPM 71 prior to end of pay period and taking leave.**

COMPRESSED WORK SCHEDULES



- **Change Tours in Advance**
- **Must have 80 hours to receive full pay and benefits**

EXERCISE



EMPLOYEE ID	BLK/GRP	ACT	ORG	EMPLOYEE NAME	PLT ROT	PERIOD ENDING	SEQ NO
123-45-6789	2401	WOUVAA	36	Virginia Woodard		03-08-03	

STD JON	TKAA	MK111GM	I HRS WORK	0800 - 1630	TDC
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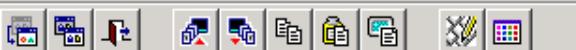
TOUR	1	SUN	MON	TUE	WED	THR	FRI	SAT	SUN	MON	TUE	WED	THR	FRI	SAT
TOUR	1	8 00	8 00	8 00	8 00	8 00	8 00		8 00	8 00	8 00	8 00	8 00	8 00	
TYP/SFT		RG 0		RG 0											
GRADED ND															

JOB ORDER NUMBER		TYPE	HOUR	WEEK	SUN	MON	TUE	WED	THR	FRI	SAT	INIT
DE		LS		1		8 00	8 00					
			2									
				1								
				2								
				1								
				2								
				1								
				2								
				1								
				2								

REG	OT	COMP	HOL	SUN	2ND	3RD	ND	E/H	LV	NP/LV
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WK1	IN	OUT	IN	OUT	IN	OUT	WK2	IN	OUT	IN	OUT	IN	OUT	REMARKS:
SUN							SUN							
MON							MON							
TUE							TUE							
WED							WED							
THU							THU							
FRI							FRI							
SAT							SAT							

CERTIFICATION: ATTENDANCES AND ABSENCES CERTIFIED CORRECT. OVERTIME APPROVED IN ACCORDANCE WITH EXISTING LAWS AND REGULATIONS FOR NON-EXEMPT FLSA. I DID NOT SUFFER OR PERMIT ANY OVERTIME WORK OTHER THAN AS REPORTED FOR THIS PAY PERIOD.



V04.30

T&A TIMECARD FORMAT 1

10/13/04

SITE ID TAG ACT

ORG EMPLOYEE ID DATE

NAME

Virginia Woodard

SUP DATE EFF

EMP STA CD

GR/UNGR IDC

EMP TYP CD

WKD SCD

SCD DATE EFF

TA STA CD

JON

AWS

SUN

MON

TUE

WED

THU

FRI

SAT

PLTN ROT

TOUR (WK 1)

TYP HRS/SFT

NIGHT DIFF

TOUR (WK 2)

TYP HRS/SFT

NIGHT DIFF

TYP

JOB ORDER

E/H LST TEM NIGHT INJ ALT

AC WK DY HR HOURS

OTH HR SFT DIFF NO IDC

A 1 2 LS 8.00

DE

A 1 3 LS 8.00

DE

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9001 REQUIRED FIELD(S) NOT ENTERED

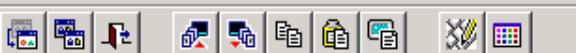
EMPLOYEE ID	BLK/GRP	ACT	ORG	EMPLOYEE NAME	PLT ROT	PERIOD ENDING	SEQ NO
098-76-5432	2401	WOUVAA	36	Jimmy Clark		03-22-03	
STD JON	TKAA	MK111GM			HRS WORK	0800 - 1630	TDC

	AWS	SUN	MON	TUE	WED	THR	FRI	SAT	SUN	MON	TUE	WED	THR	FRI	SAT
TOUR	1			8:00	8:00	8:00	8:00			8:00	8:00	8:00	8:00	8:00	
TYP/SFT		RG 0			RG 0										
GRADED ND															
JOB ORDER NUMBER	TYPE	HOUR	WEEK	SUN	MON	TUE	WED	THR	FRI	SAT	INIT				
	LM		1			8:00	8:00	8:00	8:00						
			2												
	LC		1										4:00		
			2												
			1												
			2												
			1												
			2												
			1												
			2												
			1												
			2												

Answer

REG	OT	COMP	HOL	SUN	2ND	3RD	NDI	E/H	LV	NP/LV	REMARKS:	
WK1	IN	OUT	IN	OUT	IN	OUT	WK2	IN	OUT	IN	OUT	
SUN							SUN					
MON							MON					
TUE							TUE					
WED							WED					
THU							THU					
FRI							FRI					
SAT							SAT					

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T&A TIMECARD FORMAT 1

10/13/04

SITE ID TAG ACT

ORG EMPLOYEE ID DATE

NAME

Jimmy Clark

SUP DATE EFF

EMP STA CD

GR/UNGR IDC

EMP TYP CD

WKD SCD

SCD DATE EFF

TA STA CD

JON

AWS

SUN

MON

TUE

WED

THU

FRI

SAT

PLTN ROT

TOUR (WK 1)

TYP HRS/SFT

NIGHT DIFF

TOUR (WK 2)

TYP HRS/SFT

NIGHT DIFF

TYP

JOB ORDER

E/H LST TEM NIGHT INJ ALT

AC WK DY HR HOURS

OTH HR SFT DIFF NO IDC

A 1 2 LM 8.00

A 1 3 LM 8.00

A 1 4 LM 8.00

A 1 5 LM 8.00

A 1 6 LM 8.00

A 2 5 LC 4.00

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9001 REQUIRED FIELD(S) NOT ENTERED

MA + a

03/032

QUESTIONS?

